

(staple inside file in blue strip area)

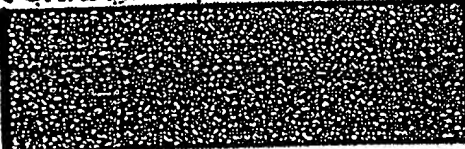
2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/856746

DATE: <u>8-8-01</u>	FROM: <u>TRINH</u> (print name)
FORWARD TO: A. Art Unit: <u>2634</u> B. Class: <u>375</u> C Subclass: <u>131+</u>	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): <input checked="" type="checkbox"/>
FURTHER EXPLANATION IF NEEDED:	

DIGITAL COMMUNICATION

DATE: _____	FROM: _____ (print name)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____
FURTHER EXPLANATION IF NEEDED:	

30 INTERNAL TRANSFER REQUEST FOR S.N.

09/760,094


DATE: <u>8/8/01</u>	FROM: <u>Legge</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2631</u>	A. You had Parent <input type="checkbox"/> (check box)
B. Class: <u>375</u>	B. See Title <input type="checkbox"/> (check box)
C Subclass: <u>316+</u>	C. See Abstract <input checked="" type="checkbox"/> (check box)
	D. See Claim(s): <u>1</u>

FURTHER EXPLANATION IF NEEDED:

Rate Receiver with viterbi decoder

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: